

2008 Corporation License Tax Return



Check if applicable: Corporation Name **Initial Return** Federal Business Code Final Return Mailing Address If new address check here Amended Incorporated in State of Return Refund Return State Date Zip+4 Date Qualified in Montana Check this box if you do not need the Montana corporation license tax return and instructions sent to you next year. Copy of signed Federal Form 1120 as filed with the Internal Revenue Service must be attached Part I - Filing Method. If checked, Schedule K must be completed and attached to your return and skip questions 2 through 5 of this part. ☐ No If "Yes." enter the number of entities with Montana activity included in this return. 4. If you answered "Yes" to questions 2 or 3 above, then check one of the following filing methods and attach Schedule M: a. Separate Company d. Domestic Combination b. Separate Accounting e. Limited Combination c. Worldwide Combination f. Water's Edge (You must have a valid election and Schedule WE must be attached.) 5. If you answered "Yes" to questions 2 or 3 above, you must attach pages 1 through 4 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter: a. U.S. parent's name as reported on federal tax return b. U.S. parent's FEIN Part II - Amended Return Only. Check all that apply. b. NOL carryback/carryforward; year(s) of loss b. 🖵 d. Amended federal tax return (Form 1120X); a complete copy of the federal Form 1120X must be attached....................... d. \Box e. Application and/or change in tax credit; type of credit being claimed _____ e. 🖵 Part III - General Questions. All guestions must be answered. a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page). _ If this corporation is a successor to your previously existing business, enter: and FEIN: If "Yes," indicate whether your corporation has: ☐ Withdrawn: Merged (please attach detailed statement): ☐ Dissolved (please attach detailed statement); Reorganized (please attach detailed statement). Date of withdrawal, dissolution, merger, or reorganization ___ If applicable, enter the successor's name: d. For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction that If "Yes," indicate what period(s)_ e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue If "Yes," which taxable year(s) are covered and what are the expiration date(s) of the waiver(s)? _____

Forr	n CLT-4, Page 2	FEIN		-
Pa	t III - continued			
f.	Have you filed an amended federal return for any of the last	st five taxable periods?	Yes	☐ No
	If "Yes," for which years have you filed amended Montana		_	
g.	Did an individual at the end of the taxable year own, direct	· · · · · · · · · · · · · · · · · · ·		_
	this corporation? If "Yes," enter name:			☐ No
h.	Did a partnership, corporation, estate or trust at the end of			
	or more of the voting stock of this corporation?			□ No
	If "Yes," enter name:			
i.	If the answer to question (g) or (h) is "Yes," did the same is	The state of the s		
	at the end of the taxable year also own, directly or indirec (brother-sister) corporation?			□ No
	Did this corporation or any member of the consolidated gr			□ NO
j.	outstanding voting stock of a domestic corporation that is			□ No
k.	Did this corporation or any member of the consolidated gr			
ĸ.	outstanding voting stock of a foreign corporation?			□No
I.	Was your corporation owned 50% or more, directly or indi			
	or incorporated outside the U.S.?			☐ No
	If you answered "Yes" to any of the above questions			
_			4	
Pa	rt IV - Reporting of Special Transactions.			
	Check "Yes" if you filed any of the following forms with the	e Internal Revenue Service.		
	You will need to attach to your Montana tax return a comp	olete copy of any of these applicable forms.		
a.	I filed federal Form 8918 - Material Advisor Disclosure	e Statement with the Internal Revenue		_
	Service.		☐ Yes	□ No
_	Form 8918 is required to be filed by material advisors to a			
b.	I filed federal Form 8824 – Like-Kind Exchanges with		☐ Yes	□No
	Check "Yes" if your like-kind exchange includes Montana Form 8824 is used to report each exchange of business of			■ NO
_	I filed federal Form 8865 – Return of U.S. Persons Wit			
٥.	the Internal Revenue Service.	in respect to certain roleight artherships		☐ No
	Form 8865 is used to report the information required under	er 26 USC 6038 (reporting with respect to con-		
	foreign partnerships), section 6038B (reporting of transfer			
	(reporting of acquisitions, dispositions, and changes in fo			
d.	I filed federal Form 8886 – Reportable Transaction Dis	sclosure Statement with the Internal	П.,	
	Revenue Service.		☐ Yes	□ No
	Form 8886 is used to disclose information for each report	able transaction in which you participated.		
	claration - Under penalties of perjury, I, the undersigned of ef, this return and accompanying schedules are a true, cor			
	er, this return and accompanying schedules are a true, conver, pursuant to Montana corporation license tax law and re		o. alo illoomo pei	ווסט סומוטט
Sic	nature of officer		Date	
0.8			24.0	
		T-11		
Pri	nt name of officer	Title	Telephone numb	er, ext.
Pre	parer's name	Firm's name	Date	
Pre	parer's identification number	•	Telephone numb	er

☐ Check here to authorize the Montana Department of Revenue to discuss your return with the individual/preparer listed above.

Form	CLT-4, Page 3 Period End Date F	FEIN_				
Com	putation of Montana Taxable Income and Net Amount Due					
1.	Taxable income reported on your federal return (line 28) (attach a copy of signed fede	ral Fo	rm 11	120)	1.	
2.	Additions:					
	State, local, foreign and franchise taxes based on income (attach breakdown of your F					
	1120, line 17)					<u> </u>
	Federal tax exempt interest					<u> </u>
	Contributions used to compute qualified endowment credit					_
	$Income/loss\ of\ foreign\ parent\ and\ foreign\ subsidiaries\ for\ worldwide\ combined\ filers$					<u> </u>
	Income/loss of unitary corporations not included in federal consolidated return					
2f.	Extraterritorial income exclusion	2f.				
2g.	Deemed dividends - Water's Edge filers only. (attach Schedule WE)	2g.				
	Income/loss of corporations incorporated in tax havens—Water's Edge filers only]
	Federal capital loss carry-over utilized on federal return					<u> </u>
	All of your other additions (attach a detailed breakdown)					
	Add lines 2a through 2j and enter the result. This is the total of your additions				2.	
	Reductions:					1
	IRC Section 243 dividend received deduction					_
	Nonbusiness income (attach a detailed breakdown)					_
	Montana recycling deduction (attach Form RCYL)					
	Income/loss of nonunitary corporations included in federal consolidated return					1
	Income/loss of 80/20 companies—Water's Edge filers only		<u> </u>			1
	Capital loss incurred in current year (attach federal Schedule D)					1
	All of your other reductions (attach a detailed breakdown)					1
	Add lines 3a through 3g and enter the result. This is the total of your reductions					
	Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted tax					
	Income apportioned to Montana (multiply line 4 X% from Schedule K, line 5) at		er in	e result	5.	
	Combined filers must use the schedule included in the instructions on page XX.				6	
	Enter the income that you allocated directly to Montana (attach a detailed breakdown) Montana taxable income before net operating loss (add lines 5 and 6 or enter amount					
	If line 7 is a loss, do you wish to forego the net operating loss carry-back provision?) / .	
	Note: If you have reported a loss on line 7 and have not checked either box, the loss has				firet	
	Enter your Montana net operating loss carried over to this period (attach a detailed so					
	Subtract line 8 from line 7 and enter the result here. This is your Montana taxable in					
	Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). The					
	liability	-	-			
	Note: This amount cannot be less than the minimum tax liability of \$50.					
	☐ Check this box if you are calculating your tax liability using the Alternative Tax met	hod.				
	Payments:					
	2007 overpayment	11a.				1
11b.	Tentative payment	11b.				1
11c.	Quarterly estimated tax payments	11c.				1
11d.	Montana mineral royalty tax withheld (attach Form(s) 1099)	11d.				1
11e.	All other payments. Describe	11e.				1
11f.	Previously issued refunds. Describe	11f.	()]
	Add lines 11a through 11f and enter the result. This is the total of your payments				11.	
	Enter total credits (from Schedule C)					
	Add lines 11 and 12, then subtract from line 10 and enter result. This is your tax due		_	-		
	Enter the amount of overpayment that you want to be applied to your 2009 estimated					
	Add lines 13 and 14 and enter the result. This is your net tax due or <overpayment< td=""><td></td><td></td><td></td><td></td><td></td></overpayment<>					
	Enter interest on all the tax paid after the due date, calculated at 12% per year, on a d					
	Enter estimated tax underpayment interest (attach Form CLT-4-UT)				17.	
	☐ Check this box if you are using the annualized income or adjusted seasonal income	ne met	hod.			
	Penalty:					•
	Enter your late filing penalty (see instructions)					_
	Enter your late payment penalty (see instructions)					
	Add lines 18a and 18b and enter the result. This is your total penalty				18.	
	Add lines 15 through 18 and enter the result on line 19a or 19b below.					
	If the result is positive, enter the amount due here. This is your total amount due					
	ch your remittance payable to Montana Department of Revenue or visit our website at n					
	If the result is negative, enter the refund due here. This is your total refund				19b.	()
If y	you wish to use direct deposit for your refund, enter your bank routing and account nur	nbers	belov	W	, ,	Checking
	RTN# ACCT#					Savings
		ـــالــــ	ــالــــــانــ			Javings

Form CLT-4, Page 4	Period End Date		FEIN		
Schedule K - Apport	tionment Factors for Multi-state	Taxpayers			
	columns A and B. Enter percentages	_	A. Everywhere	B. Montana	C. Factor
	Enter average values for real and to		,		
property		9 p			
		1a.[1
1b. Buildings		1b.			1
•					İ
_		-			i
	d fixtures				1
	perty	,			-
	erty	ļ			{
•	ssets	٠,			-
•		,			1
	d other				
	oreign subsidiaries included in comb				
	unconsolidated subsidiaries include	- 1			
Ŭ i		L			!
	pass-through entities included in con	, , ,			
	ount of rents by 8 and enter result	1m.			
	alue - add lines 1a through 1m	<u>_</u>			J
	olumn B and divide it by the total in		•		
	factor			1.	%
2. Payroll Factor:					
Compensation	on of officers	2a.]
	l wages	2b.			
Payroll include	ded in:				
2c. Costs of goo	ods sold	2c.]
2d. Other deduct	tions	2d.[]
2e. Payroll of for	reign subsidiaries included in combin	ned unitary group2e.]
2f. Payroll of un	consolidated subsidiaries included i	n combined unitary]
group		2f.			
2g. Payroll of pa	ss-through entities included in comb	oined unitary group2g.]
	ue - add lines 2a through 2g]
Take the total in co	olumn B and divide it by the total in	column A. Multiply that re	sult by 100 and ent	er the result. This	•
is your payroll fa	actor			2.	%
3. Sales (Gross Red	ceipts) Factor:				
3a. Gross sales,	less returns and allowances	3a.			
	red or shipped to Montana purchase				
	from outside Montana				1
	from within Montana				i
	ed from Montana to:		!		
	tates Government	3c.(1)			1
• •	ers in a state where the taxpayer is r				i
	than sales of tangible personal prop				1
	a.r ca.icc c. ta.i.g.br p c.cc.i.a. p.op				
	ompany sales		((1
	ported on federal Schedule D and fe		()	/	1
	receipts (rents, royalties, interest, et				1
	ots) of foreign subsidiaries included				1
, ,	ots) of foreign subsidiaries included	- 1			
	ots) of unconsolidated subsidiaries i				{
	0				
	ots) of pass-through entities included				-
	intercompany transactions		((1
			(({
	e - add lines 3a through 3k	ا بعاد مطفی امنافان ایک ۸ مرمون با م	400 000	an than na acult. This	J
	olumn B and divide it by the total in				0/
_	tor				%
-	ges on lines 1, 2, and 3 in column C	_			%
	ercentage on line 4, column C, by the				
(see instructions).	column A for a factor category (Pro	perty, rayroll, of Sales),	une racion is michaded	a in the calculation	
·	nere and also insert in Form CLT-4,	nage 3 line 5. This is us	ur apportionment	factor F	%
Luci ur leguis l	1010 and also motil in FUIII ULI-4.	Dade J. 1116 J. 11113 13 VC	u appoitioiiiitill	1 4010 1	1 70

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Form CLT-4, Page 5	Period End Date	FEII	V

Schedule C - Tax Credits

	ule C - Tax Credits	Column A	Column B	Column C
	Type of Credit	Current Year Earned	Total Available	Current Year Applied
1.	New/Expanded Industry Credit			
2.	Interest Differential Credit			
3.	Montana Dependent Care Assistance Credit (attach Form DCAC)			
4.	Montana College Contribution Credit (attach Form CC)			
5.	Health Insurance for Uninsured Montanans Credit (attach Form HI)			
6.	Montana Recycle Credit (attach Form RCYL)			
7.	Alternative Energy Production Credit (attach Form AEPC)			
8.	Contractor's Gross Receipts Tax Credit (attach supporting schedule)			
9.	Alternative Fuel Credit (attach Form AFCR)			
10.	Infrastructure Users Fee Credit			
11.	Qualified Endowment Credit (attach Form QEC)			
11a.	Qualified Endowment Credit Recapture			()
12.	Historical Buildings Preservation Credit (attach federal Form 3468)			
12a.	Historical Buildings Preservation Credit Recapture			()
13.	Increase Research and Development Activities Credit (attach Form RSCH)			
14.	Mineral Exploration Incentive Credit (attach Form MINE-CRED)			
15.	Empowerment Zone Credit	A		
16.	Film Production Credit (attach Form FPC)			
16a.	Film Production Credit Recapture			()
17.	Biodiesel Blending and Storage Credit (attach Form BBSC)			
17a.	Biodiesel Blending and Storage Credit Recapture			()
18.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)			
18a.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			()
19.	Geothermal System Credit (attach Form ENRG-A)			
20.	Insure Montana Small Business Health Insurance Credit			
w 21.	Temporary Emergency Lodging Credit (attach Form TELC)			
22.	Add totals of lines 1 through 21 and enter the result here. This is the total of your credits. Enter the total in column C on Form CLT-4, page 3, line 12.			

To receive these credits, you will have to attach this Schedule C and the applicable credit forms or other required information.

Form C	_T-4. F	⊃age	6
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Schedule M - Affiliated Entities

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that both schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

1. Members of a U.S. Consolidated Group

Please include your information in the following schedule for all members of your U.S. consolidated group. Attach a separate sheet if necessary.

А	В	С)	E	=	F				
Federal Employer Identification Number	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Included in this Montana unitary filing?		in this Montana unitary		in this Montana unitary		Do busin Mont	ess in	Check if filing Montana Form CLT-4 separate from this unitary
			Yes	No	Yes	No	filing				

2. Affiliated Entities

Please include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e. partnerships, limited liability companies, foreign subsidiaries owned greater than 50%, unconsolidated subsidiaries owned greater than 50%. Please include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. Attach a separate sheet if necessary.

А	В	С)	E		F
Federal Employer Identification Number	Name of Entity	Percentage of ownership	in t Mon	tana tary	business in Montana?		Type of entity, i.e. foreign subsidiary, unconsolidated subsidiary,
			Yes	No	Yes	No	partnership, LLC, LLP

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Period End Date	 FEIN	

Schedule K-COMBINED Apportionment Factors for Combined Filers

		Everywnere Activity		tivity	
		Activity	Corporation A		
1 [Property Factor (Enter average values for real and tangible personal property)		Corporation A	Corporation B	
	Land				
	Buildings	•			
. ,	Machinery				
	Equipment				
. ,	Furniture & fixtures				
(6)	Leased property				
(7)	Inventories				
(8)	Depletable assets				
(9)	Supplies and other				
(10)	Property of foreign subsidiaries included in combined unitary group				
. ,	Property of unconsolidated subsidiaries included in combined unitary group				
٠,	Property of pass-through entities included in combined unitary group				
٠,	Multiply amount of rents by 8 and enter result				
	Total Montana average property (Add lines (1) through (13) above)				
	Total Everywhere average property (Enter in each column the total of lines (1) thru (13) in the Everywhere column.)				
	Separate company Property Factor (Divide line 1a by line 1b and multiply the result by 100.)				
d.	Total Property Factor (Add columns on line 1c.)				
			1		
	Payroll Factor			7 1	
. ,	Compensation of officers				
(2)	Salaries and wages Payroll included in:				
(2)					
	Costs of goods sold Other deductions				
. ,	Payroll of foreign subsidiaries included in combined unitary group				
	Payroll of unconsolidated subsidiaries included in combined unitary group	\rightarrow	$\overline{}$		
. ,	Payroll of pass-through entities included in combined unitary group				
. ,	Total Montana payroll (Add lines (1) through (7) above)				
	Total Everywhere payroll (Enter in each column the total of lines (1) through (7) in the Everywhere column.)				
	Separate company Payroll Factor (Divide line 2a by line 2b and multiply the result by 100.)				
	Total Payroll Factor (Add columns on line 2c.)				-
3. \$	Sales Factor				
(1)	Gross sales, less returns and allowances				
	Sales delivered or shipped to Montana purchasers:				
(2)	Shipped from outside Montana				
(3)	Shipped from within Montana				
	Sales shipped from Montana to:				
(4)	United States Government				
	Purchasers in a state where the taxpayer is not taxable				
	Sales other than sales of tangible personal property (i.e. service income)				
	Less: Intercompany sales	()	()	()	
	Net gains reported on federal Schedule D and federal Form 4797				
	Other gross receipts (rents, royalties, interest, etc)				
	Sales (receipts) of foreign subsidiaries included in combined unitary group				
٠,	Sales (receipts) of unconsolidated subsidiaries included in combined unitary group				
. ,	Sales (receipts) of pass-through entities included in combined unitary group				
. ,	Less: Other intercompany transactions Total Mantana calos (Add lines (1) through (12) above)	()			
	Total Montana sales (Add lines (1) through (13) above) Total Everywhere sales (Enter in each column the total of lines (1) through (13) in the Everywhere column.)				
	Separate company Sales Factor (Divide line 3a by line 3b and multiply the result by 100.)				
	Total Sales Factor (Add columns on line 3c.)				
u.	Total Calco Factor (Fact Columno of Finite Co.)				
4. 9	Sum of the Factors				
	(Add lines 1c, 2c, and 3c for each corporation.)				
5. /	Apportionment Factor				
a.	Separate company Apportionment Factor (See instructions.)				
b.	Total Apportionment Factor (Add columns on line 5a. Enter here and in line 5, page 3, of the CLT-4.)				
6. [Montana Taxable Income				
a.	Montana adjusted taxable income. (Enter the amount from CLT-4, page 3, line 4.)				
b.	Income apportioned to Montana (In each column, multiply line 5a by line 6a.)				
C.	Income directly allocated to Montana				
	Montana taxable income before net operating loss (In each column, add lines 6b and 6c.)				
e.	Montana net operating loss (NOL) carryover on a separate company basis		()	()	
	Total NOL carryover (Add columns on line 6e. Enter this amount on line 8, page 3 of the CLT-4.)		_	_	()
	Montana taxable income (Subtract line 6e from line 6d and enter result.)				
g.	Total Montana Taxable Income				
	(Add all columns on line 6f and enter result. This should equal line 9, page 3 of the CLT-4.)				

Schedule WE - Water's Edge Schedule

		mater e Lage com
Dart I	Water's Edge Election	

	Water's Edge Election Enter the tax periods for which a valid wate	r's edge election has been a	approved				
- art II.	. Calculation of Deemed Dividends Red United States	ceived from Corporations	Incorporated Ou	itside of the			
1. E	Enter the positive federal line 30 income of	nter the positive federal line 30 income of your 80/20 companies. (See instructions) .1					
2. E	Enter your consolidated 1120 positive federal line 30 income. (See instructions)2.						
	Divide the amount on line 1 by the amount positive income to your consolidated 1120 p						
4. E	Enter the tax liability, after tax credits, that you reported on your consolidated 11204.						
	Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies						
6. E	6. Enter the section 78 gross-up received by your 80/20 companies (attach schedule)6.						
	Subtract the total of lines 5 and 6 from line net income of your 80/20 companies						
8. E	3. Enter the after-tax net income of all unconsolidated 80/20 companies8.						
9. E	Enter the after-tax net income of your U.S. possession companies9.						
10. <i>A</i>	0. Add lines 7, 8, and 9 and enter the result. This is your total after-tax net income10.						
þ	Multiply line 10 by 20% and enter the result page 3. This is your 20% deemed dividend.						
	I. List your 80/20 Companies. Attach a s		T	I			
. Nam	ne	2. FEIN	3. Income/ Loss	4. Dividends Received			
	▼						
Part IV	/. List your Controlled Foreign Corpora						
I. Name		Country of Incorporation/Organization		3. Income/ Loss			
		1		<u> </u>			